

**Gilmer County Health Department**  
Application for On-Site Sewage Management System (OSSMS)  
**Addition Permit**

Original System Permit #061-\_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_ Home #: \_\_\_\_\_  
\_\_\_\_\_ Work #: \_\_\_\_\_  
\_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

(If applicable)

Subdivision Name: \_\_\_\_\_ Lot # \_\_\_\_\_ **Lot size/Acreage** \_\_\_\_\_

Locked Gate/Chain? Y N **Gate Code:** \_\_\_\_\_ Loose Dogs on property? Y N

Is property in flood plain? Y N Is house near stream, creek or river? Y N If yes, how far? \_\_\_\_\_

**Detailed directions to property** (Include mailbox #'s, distances & note if street sign is missing):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drinking water source:** Individual Well \_\_\_ Public Water \_\_\_ Community Well \_\_\_ Spring \_\_\_

**Current House Information:**

House \_\_\_ Mobile Home/Modular Home \_\_\_ Log \_\_\_ Other \_\_\_\_\_

Approx. Sq. footage of home \_\_\_\_\_

**Number of Current Bedrooms:** Main \_\_\_ 2nd Floor/Loft \_\_\_ Basement \_\_\_

Garbage Disposal usage? Y N Plumbing in Basement? Y N

Type of Addition to House and/or Property: \_\_\_\_\_

**Adding a Bedroom?** Yes \_\_\_ No \_\_\_

**If yes, how many bedrooms are you adding?** \_\_\_\_\_

**Applicants Check List:**

Recorded Plat/Survey of Property \_\_\_ Floor Plans \_\_\_ \*Level 3 Soil Test \_\_\_

Location of New Addition Staked-Out \_\_\_ Property Lines Visibly Marked \_\_\_

**\*EFFECTIVE IMMEDIATELY: LEVEL 3 SOIL TEST WILL BE REQUIRED ON ALL ADDITION PERMITS. (Please check with our office to see if we have an adequate soil report on file)**

Issuance of a construction permit for an on-site sewage management system, and subsequent approval of same by representatives of the County Board of Health shall not be construed as a guarantee that such systems will function satisfactorily for a given period of time; furthermore, said representatives do not, by any action taken affecting compliance with these rules, assume any liability for damages which are caused, or which may be caused, by the malfunction of such system.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

1. **Application Fee: \$150.00**
2. **LEVEL 3 SOIL TEST** (check with our office to see if we have an adequate soil report on file)
3. **COPY OF RECORDED PLAT OF PROPERTY**